



PATIENT HEALTH RECORD

As a full spectrum chiropractic clinic; we focus on your ability to be healthy. Our goals are, first, to address the issues that brought you to this office, and second, to offer you the opportunity of improved health potential and wellness services in the future. On a daily basis we experience physical, chemical and emotional stress that can accumulate and result in serious loss of health potential. Most times the effects are gradual, not even felt until they become serious. Please complete this document so we are better able to address your specific health concerns and challenges. Chiropractic is great for a variety of reasons. Pain relief, injury recovery, mobility improvement, and correction of whatever is malfunctioning in the body, are all areas of healthcare our doctors are capable of treating.

Were you aware that:

- Y N - Doctors of Chiropractic work with the nervous system?
- Y N - The nervous system controls all bodily functions and system?

Full Name: _____ *M / F* **AHC #:** _____

Date of Birth (M/D/Y): _____ **Age:** _____ **Occupation:** _____

Address: _____ **City:** _____ **Prov:** _____ **Postal Code:** _____

Home phone: _____ **Cell phone:** _____ **Work Phone:** _____

Single Married Divorced Separated Widowed **Children? Y / N** **How Many?:** _____

Name of Spouse: _____ **Phone Number:** _____

Alternate Emergency Contact: _____ **Phone Number:** _____

If under 18, Name of Parents: _____

Do you consent to emails regarding appointment reminders and clinic/health information? ___ Yes ___ No

Email: _____ **Initials:** _____

How were you referred to Beacon Hill Chiropractic & Massage?

- Online Website Walk by Lives in area Other: _____ Person: _____
- Current patient: _____

Experience with Chiropractic

Have you ever been adjusted by a Chiropractor before? Yes No **How long ago?** _____

Doctor's name? _____ **Reason for visit?** _____

REASON FOR THIS VISIT

Is this visit due to or in any way related to: Job Sport Car accident Fall Chronic discomfort Injury Other

If job related, have you reported your accident to your employer? Y / N **Will this visit be part of a WCB claim?** Y / N

If motor vehicle related, will this visit be part of a MVA claim? Y / N

Please describe the reason for your visit: _____

When did this condition begin? _____ Has it gotten: Worse Better Stayed the same Comes/goes

Does this condition interfere with: Work/School Sleep Daily routine Exercise/Athletics

Please explain: _____

Have you seen anyone else for this condition? **Doctor/clinician's name:** _____

Type of treatment: _____ **Result:** _____

FULL NAME: _____

Please **CHECK** any current/past conditions

CARDIOVASCULAR

- Angina
- Blood clots
- Blood pressure: HIGH
- Blood pressure: LOW
- Congenital heart defect
- Hardening of arteries
- Heart attack
- Heart murmur
- Heart surgery
- Hemophilia
- Pace maker
- Poor circulation
- Stroke
- Thrombosis
- Varicose veins

RESPIRATORY

- Asthma
- Chest pain
- Difficulty breathing
- Emphysema
(short of breath)
- Pneumonia
- Pulmonary hypertension
- Tuberculosis

GASTROINTESTINAL

- Constipation
- Crohn's or Colitis
- Digestive problems
- Gallbladder/Jaundice
- IBS or IBD
- Nausea/Vomiting
- Ulcers

MUSCLE/BONE/JOINT/DISC

- Ankle swelling
- Arthritis
- Back pain
- Bursitis
- Cortisone injections
- Degenerative disease
- Fractures/Breaks: _____
- Inflammation
- Osteopenia
- Osteoporosis
- Plates/Pins
- Rheumatoid arthritis
- Sciatica
- Scoliosis
- Pain b/w shoulder blades
- Spinal disc problems
- Sprain/Strain
- Trauma/Falls
- Weakness/Instability

HEAD & NECK

- Dizziness
- Ear infection
- Headache
- Hearing loss
- Neck pain
- Difficulty with swallowing
- Ringing in ears (tinnitus)
- Sinus problems
- Sleep loss
- TMJ disorder
- Vertigo
- Vision problems
- Whiplash

NEUROLOGICAL

- Alzheimer's/dementia
- Brain injury
- Cerebral palsy
- Epilepsy
- Fainting
- Migraines
- Loss of motor control
- Meningitis
- Multiple Sclerosis (MS)
- Narcolepsy/Insomnia
- Nerve damage: _____
- Numbness in arms/legs/hands/feet/_____
- Parkinson's/ Seizures

SKIN CONDITIONS

- Keloid/Scarring
- Psoriasis
- Shingles
- Warts

WOMEN ONLY

- Cramps/back pain
- Infertility issues
- Irregular cycles
- Menopause
- Miscarriage
- New mother
- Nursing
- Painful menstruation
- Pregnant

DIAGNOSED CONDITIONS

- ADD/ADHD
- Autoimmune disease
- Cancer: _____
_____ (radiation/chemotherapy)
- Diabetes (I / II)
- Hepatitis
- HIV/AIDS
- Hypertension
- Infectious disease: _____
- Kidney disease
- Raynaud's
- Thyroid problems
- Tuberculosis
- Urinary system issues
- Other: _____

MENTAL HEALTH

- Alcohol/drug abuse
- Anxiety
- Bipolar disorder
- Depression
- Eating disorder
- Panic attacks
- Postpartum depression
- Psychiatric issues
- PTSD
- Stress

ALLERGIES

- Allergic to: _____

 Reaction: _____

 EpiPen? YES / NO

MEDICATIONS/SUPPLEMENTS

Some drugs can cause neuro-musculoskeletal symptoms. It is important for our chiropractors to know what medications you are currently taking. Symptoms you present in clinic may be related to these medications. If you are unsure of your medications it is imperative that you let us know at your next visit.

- Acid reducers
- Birth control
- Blood thinners
- Muscle relaxers
- Stimulants
- Antidepressants
- Blood pressure meds
- Insulin
- Pain killers (NSAIDs/Ibuprofen)

Medications	Dosage	Duration	Reason
Nutritional supplements	Dosage	Duration	Reason

